



## Application for Replacement Disability Parking Placard

This space for use by  
Secretary of State

Secretary of State  
Vehicle Services Department  
Special Plates Division  
501 S. Second St., Rm. 541  
Springfield, IL 62756

[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

When replacing a permanent disability  
parking placard, forward all documentation  
and fees to the Springfield office.

If mailing, use the address to the left.

Name of Person with Disability \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Please check applicable box(s) and fill in information required:

☐ \$10 Replacement Fee due to:

- ☐ Lost
- ☐ Damaged/Mutilated
- ☐ Stolen — Attach Police Report
- ☐ Non-Receipt

☐ Circuit Breaker (No fee for qualified applicants.)

If your name and/or address is different than when you last received your parking placard, please indicate your previous name and/or address below.

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

FOR OFFICE USE ONLY  
(must be completed by facility)

Current Placard # (if not shown above) \_\_\_\_\_ Issued By \_\_\_\_\_  
Operator ID# and initials

New Placard # \_\_\_\_\_ Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_ Facility Name \_\_\_\_\_  
If for replacement, must retain original expiration date.